Indiana First Steps
Quality Review
Record Audit - Transition Review

Child ID #: _____

Cluster: _____

Service Coordinator: _____

Reviewer: _____

Please be sure to to completely darken the entire bubble using a #2 pencil.

Key: **Y** = Yes   **N** = No   **I** = Incomplete   **NA** = Not Applicable

1. Is child potentially eligible for Part B services?
   Y ⬭   N ⬭

2. Transition packet is complete?
   Y ⬭   N ⬭   I ⬭

3. Request for authorization / checklist competed?
   Y ⬭   N ⬭   I ⬭

4. LEA release of information consent present?
   Y ⬭   N ⬭   NA ⬭

5. 30 month notice to LEA?
   Y ⬭   N ⬭

6. 10 day WPN for transition meeting?
   Y ⬭   N ⬭   I ⬭

7. LEA was invited?
   Y ⬭   N ⬭   NA ⬭

8. LEA attended?
   Y ⬭   N ⬭   NA ⬭

9. IFSP Transition plan?
   Y ⬭   N ⬭   I ⬭

10. Meeting minutes?
    Y ⬭   N ⬭   I ⬭

11. Meeting held within 90-270 days of 3rd birthday?
    Y ⬭   N ⬭   I ⬭

12. Record termination form present?
    Y ⬭   N ⬭   I ⬭

13. IEP in place by 36 months?
    Y ⬭   N ⬭   I ⬭   NA ⬭

COMMENTS

Must comment on all items scored 'No' or 'Incomplete'

Transition Packet:

LEA:

Timeliness:

Termination form:

Other notes:

Form ID: IFS002

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Feed this end into scanner slot with printed side facing collection tray.